Managed Care Organization
Encounter Reporting Frequently Asked Questions

NOTE: This document will also be available on the Encounter web site under the FAQ link.

1. What is Encounter Reporting?

Encounter data are records of individual health care services provided to members of the MCO. *Encounter reporting* is the collection and electronic submission of this data to the State.

2. How will Encounter Reporting benefit Care Management Organizations?

Encounter Reporting will benefit the MCOs in the many of the following ways:
* Provide more accurate and timely data than is currently available from HSRS.
* Provide an easier method of data reporting to DHFS for the counties. The source of most of the encounter data will be available within existing claims systems, which will be electronically submitted to the State.
* More closely resembles the data reporting required for other managed care entities (i.e., acute and primary).
* Matches claim and service reporting requirements in HIPAA, and will reduce re-coding requirements that would be necessary for continued HSRS reporting after the required date for HIPAA compliance.

3. Will encounter reporting directly affect capitation rates?

Yes. Encounter data is one of the primary components used in the calculation of annual capitation payment rates.

4. Is encounter reporting mandatory for MCOs?

Yes. MCOs are required to perform all required tasks by the target dates outlined within the MCO contract.

5. What types of data are MCOs expected to submit?

The Encounter Reporting project has documented guidelines outlining what data can and must be submitted. DHFS provides a data dictionary and a record layout to the MCOs. The submission process provides a "feedback loop" to the submitter regarding the status of their data.

6. What if the MCO currently does not capture a particular data element?

Encounter Reporting requires all MCOs to submit standard and uniform data as detailed in the Encounter Reporting Implementation Guide. When an MCO

becomes HIPAA compliant it is anticipated that all required encounter data will become available within the MCO's system.

7. What is done with the data collected and how is it used by DHFS?

Data received through encounter transmissions is stored within the MEDS data warehouse for an indefinite amount of time. Once in the warehouse, the data can be used for a variety of purposes, which can include:
- Evaluation of service costs for business and operations management.
- Evaluation and computation of capitation payment rates.
- Federal reporting.
- Monitoring program integrity (e.g., service utilization, access to care).

8. Will encounter reporting eliminate all my HSRS reporting requirements?

No. Encounter reporting only eliminates the need to enter HSRS data for selected programs. MCOs managing programs not reporting via Encounter Reporting continue to record all other HSRS related activities as they do currently.

9. What is the impact of HIPAA on encounter reporting?

Encounter reporting follows a HIPAA format similar to the 837 Health Care Claim Transaction. The encounter record layout the MCOs receive from DHFS is compliant under current HIPAA guidelines. HIPAA may impose regulations governing the many code sets that are currently in use by the MCOs. These changes may have a direct impact on the way MCOs capture and submit data. DHFS continues to monitor HIPAA regulations as they become available and advise the MCOs as necessary.

10. Why does the State have to keep their data "in-synch" with my system?

Since the data we collect from the MCOs is used for rate calculations, it is critical the MEDS encounter database exactly matches the information in your business system.

11. When should I be submitting my encounter extracts?

You may begin submitting your encounter extract as soon as you are able. Successful (i.e., accepted) Encounter Reporting submissions are due no later than the 15th of each month. If the 15th falls on the weekend or a holiday, the submission is due on the next business day.

12. How do I create an encounter extract?

Please review the Encounter Reporting Implementation Guide for complete business and technical requirements for creating an encounter extract.

13. How do I know my submission was received for processing?

When your submission is successfully transmitted, you will receive a confirming e-mail automatically from the encounter system.

14. What is the difference between a Batch Reject error, a Batch Accept error and a Warning?

Batch Reject errors cause the entire submission to be rejected. You must correct the error(s) and resubmit the batch.

Batch Accept errors are individual encounters that have errors. The batch is accepted and the error records are held in suspension until they are corrected via an adjustment process in a later submission.

Warnings are advisory messages. Records that have warnings are still fully qualified and will be moved into MEDS.

15. How do I correct a Rejected Batch?

Rejected Batches must be retransmitted. Please review the errors causing the Batch Reject, make the necessary corrections and resubmit the entire encounter submission.

16. How do I correct an Accepted Error?

A Batch Accept Error will remain "suspended" until you correct it. This can be accomplished by either purging the entire batch which contained the error(s) or by submitting adjusting encounter transactions to correct the erroneous records.

17. What do I do if I realize the batch I submitted is incorrect even though it was accepted?

You may purge and resend a submission that has already been accepted as long as it hasn't been transferred into the MEDS universe.

18. Who do I contact for questions and support?

If you have any questions or problems, you can contact Encounter Reporting support at: Encountersupport@dhfs.state.wi.us